5NYU1-C504435-3320211

Exhibit X		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:	
FORM A			
		ctor's Planned Employment ne End Of The Contract T	
Department Name: SUNY Upstate I Contractor Name: White I Contract Start Date:		Pedicineda Contracty	nt ID# <u>: 3320211</u> Number: <u>CS0443</u> 5 3/ ZZ
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-9099.00	2	6760	<i>\$3</i> 00,140
			A SANCTON CONTRACTOR OF THE SANCTON CONTRACT
	· · · · · · · · · · · · · · · · · · ·		
Total this page	2	4760	\$30014C
Grand Total	9	6760	#300/14(
Name of person who prepared this r	report: Ang	1 Phone #:	315-464-4
Preparer's Signature:	1 and	Stalisa	
Date Prepared: 2/12/18	0		
(Use additional pages, if necessary)			Page of